

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-003114

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

316

Primary Registration District No.

3060

Registrar's No.

31

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0945

2 0945

3 2

4 0

5 1

6

7 0

8 2

9 201

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

316

Primary Registration District No.

3060

Registrar's No.

31

STATE FILE NUMBER

FILED JAN 29 1963

1. PLACE OF DEATH

a. COUNTY

St Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)

TOWN Farmington Mo.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 408 Webster

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St Francois

c. CITY OR TOWN Farmington

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

408 Webster

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Oscar

Middle

Last Chatman

4. DATE OF DEATH

Month

Jan.

Day

23

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/7/06

9. AGE (last birthday)

56

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Auto Repair

10b. KIND OF BUSINESS OR INDUSTRY

Auto Repair

11. BIRTHPLACE (City and state or country)

Farmington Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Chatman

13b. MOTHER'S MAIDEN NAME

Martha Scaggs

14. NAME OF HUSBAND OR WIFE

Edith Hibbits Chatman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of serv

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Oscar Chatman Farmington Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction
recurrent

INTERVAL BETWEEN ONSET AND DEATH

a few min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1963 to Jan 22, 1963 and last saw him alive on Jan 11, 1963

Death occurred at 3:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R.A. Hickstep

(Degree or title)

M.D.

22b. ADDRESS

Farmington, Mo

22c. DATE SIGNED

1-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/26/63

23c. NAME OF CEMETERY OR CREMATORY

Knoblick

23d. LOCATION (City, town, or county)

Knoblick

(State)

Missouri

24. FUNERAL DIRECTOR

C.H.COZEAN FARMINGTON MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Jan. 23, 1963

26. REGISTRAR'S SIGNATURE

Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

JAN 31 1963

RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.